

KY WIC Certification Nutrition Assessment & Counseling Guide For Certifying Health Professionals



Kentucky Public Health
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Purpose of KY WIC Certification Nutrition Assessment & Counseling Guide For Certifying Health Professionals

This is to be used as a supplement to the Kentucky WIC and Nutrition Manual, Clinical Nutrition and Breastfeeding Support Section that contains policies regarding WIC Certification Criteria, Required Nutrition Education, Policies on Food Package Assignment, Issuance of Breast Pumps, etc. This guide is designed to provide the Certifying Health Professional additional guidance and tools in performing nutrition assessment including dietary assessment and providing participant centered nutrition education.

The WIC Program provides, without cost to the recipient, specific nutritious foods and nutrition education to low income and nutritionally at risk pregnant, breastfeeding and postpartum women and to infants and children.

The goals of WIC are to:

- Improve the outcome of high risk pregnancies
- Decrease the incidence of anemia and poor growth patterns
- Improve the dietary habits of its recipients through healthy foods and nutrition education
- Refer for other health services as appropriate

A Certifying Health Professional shall determine nutritional risk eligibility and certify persons for the Program Applicants/participants must have at least one nutritional risk to be eligible. A height/length, weight, hematocrit/hemoglobin, and health, lifestyle and dietary information shall be obtained for all applicants. Refer to Medical Data Requirements for Certification and WIC Certification Criteria in the Clinical Nutrition and Breastfeeding Support Section of the WIC and Nutrition Manual.

WIC CERTIFICATION NUTRITION ASSESSMENT

The WIC Certification Criteria for Women, Infants and Children are found in the Clinic Management System (CMS) and on the following WIC Certification Forms. The WIC certification and assessment criteria and nutrition risk assessment policies are consistent with the following:

- USDA, FNS, WIC Nutrition RISK Criteria, WIC Policy Memorandum 2011-5; May 2011.
- USDA, FNS, Value Enhanced Nutrition Assessment (VENA) - WIC Nutrition Assessment Policy, WIC Policy Memorandum 2006-5; March 2006.
- USDA, FNS, Nutrition Risk Criteria, WIC Policy Memorandum 98-9; June 1998.
- USDA, FNS, Transmittal of Revised and Corrected Nutrition Risk Criteria, May 2017.

NUTRITION ASSESSMENT

Nutrition assessment serves as the foundation on which other nutrition services are planned and provided. This includes:

- Food package assignment;
- Referrals;
- Nutrition education and counseling; and
- Breastfeeding promotion and support.

VALUE ENHANCED NUTRITION EDUCATION (VENA)

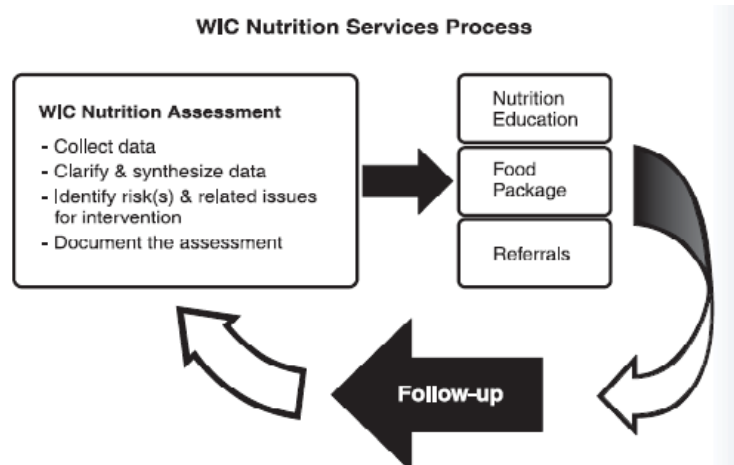
Value Enhanced Nutrition Education (VENA) begins with the nutrition assessment. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring.

Nutrition assessment and participant centered nutrition education and counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition.

Individualized nutrition education counseling is then provided to address the identified questions, concerns and goals.

See the Clinical Nutrition and Breastfeeding Promotion Section for policies regarding WIC Certification assessment and counseling and copies of the WIC-75.

WIC NUTRITION SERVICES PROCESS



Steps in the Process of WIC Nutrition Assessment

A *value enhanced* WIC nutrition assessment is accomplished by systematically completing a series of five steps:

1. Collect the relevant information;
2. Clarify and synthesize the information that has been collected;
3. Identify the pertinent and appropriate risk(s) and other related issues;
4. Document the assessment; and
5. Follow up on previous assessments, as appropriate.

NOTE: Not only are these steps sequential, they are also cyclical in nature, so that Step #5, Follow-up, naturally overlaps with Step #1, Collecting the relevant information, in that follow-up activities generally involve information collection as their starting points.

This graphic from *Vena, A Guide to the Art and Science of WIC Nutrition Assessment* illustrate the complete process of WIC participant centered WIC assessment and follow-up.

Complete WIC Nutrition Assessment

The WIC program uses a standardized process of collecting nutrition assessment information for all participants. This will help assure that all applicants are assessed in a consistent manner. A comprehensive nutrition assessment is needed to identify nutrition risks, assign an appropriate food package, and guide WIC participant-centered nutrition services after the assessment has been completed. A comprehensive nutrition assessment will allow the Certifying Health Professional to individualize nutrition services provided to each participant.

The following components must be used in completing a nutrition assessment:

- **Observe participant and review** participants' anthropometric, biochemical, clinical/medical, dietary and economic/family data.
- **Ask pertinent questions** to clarify, probe for additional information, or follow-up on information participant or parent/caretaker has written or verbalized.
- **Listen** to and **affirm** the participant or parent/caretaker.
- **Use critical thinking** to determine:
 - nutrition risk and food package
 - possible contributing factors to the nutrition risk
 - participant's or parent/caretaker's understanding of the health or nutrition risks and readiness to change behavior
 - participant-centered approach to inform participant or parent/caretaker of the identified nutrition risk(s) and/or barriers to positive health outcomes
- **Document** the findings in automated or paper WIC-75.

PLAN OF CARE

Plan of care must include:

- Individualized goal should be clearly stated and documented
 - Be related to the participant's identified nutritional risk(s) and the participant/family's nutrition related interest(s); and
 - Be actionable with a measurable timeframe for completion
- Documentation of the progress toward that goal at follow-up visits
- Appropriate referrals with follow up documentation regarding appointments kept/service provided at follow-up nutrition visit.

TIPS ON GOAL SETTING

Most participants or parent/caretakers have something they would like to change or learn more about their child's health (a goal or goals). The Certifying Health Professional (CHP) can help facilitate this change through effective counseling.

- Participants are the best judge of what will work for their family.
- Goal setting needs to be participant-driven. The CHP's goal is to help participants to succeed at their goals.
- Work with participants to set realistic, measurable goals. Suggesting small, reachable goals – taking baby steps – is a way to help your participants change behaviors and feel successful with those goals.
- Meet a participant or parent/caretaker where they are. Any movement toward change has the potential to provide this participant with a better health outcome. Certifying Health Professionals are to help the participant/caretaker where they are in the change process.
- Discuss and problem-solve participant or parent/caretaker's concerns and barriers to achieving the goal(s).

To help participants set goals, possible questions that could be asked include:

- "You have mentioned that you are concerned about _____, what is it that you want to change about that?"
- "We talked a lot about _____, how would you like for things to be different?"
- "Most times it is easier to take things one step at a time. What do you think is the first step?"
- "If things worked out exactly as you would like, what would be different?"
- "I know that it seems like an uphill battle to _____, and now that we've discussed some options that have worked for other participants, do you think any would work for you? If so, which one?"
- "Would you like to talk about some ideas that have worked for other moms and see if any work for you?"

STEPS IN A NUTRITION ASSESSMENT

1. Establish rapport. (Positive Connection with Participants)

- Welcome participant/caretaker and introduce yourself
- Demonstrate caring attitude and offer help when appropriate
- Use open ended questions, participant centered questions and 3-Step counseling when appropriate.

2. Visually observe the participant, when present. For example, observe:

- Physical appearance (e.g. if appears pale, listless, obvious tooth decay, etc.)
- Parent-child interaction
- What parent is feeding the child in the office?
- If bottle is present: What is in the bottle? Is older child sucking on a bottle in the office? etc.

3. Look at the **anthropometric data** obtained and **review the growth chart.**

Use critical thinking skills to ask:

- Are there concerns - underweight, overweight, a change in growth patterns?
- Does the weight/height today seem to match what you see when you look at the participant?
- Does the data make sense? If not, reweigh and/or re-measure the participant.
- Were there problems or unusual circumstances in weighing or measuring?
 - If so, this should be documented. For example: “child was very fussy and moving during measuring” or “child has a cast on right arm so unable to weigh.”
 - Unknown is to be checked if a child has a cast and you are not able to get a correct weight.

The CMS system will assign a risk code based on anthropometric data that meets nutrition risk criteria. If there appears to be an error, review input information. If the error remains, make a note in the notes section of the WIC- 75 as well as draw a single line through any risk codes assigned that are not appropriate.

4. Look at **hemoglobin/hematocrit data.**

Is it within normal limits or is there a concern?

If not within the normal range, **use critical thinking to ask:**

- Is data questionable and needs to be re-checked? (was the finger dry, was there an air bubble in sample?)
- What additional questions do you need to ask regarding health history and diet?
- Has there been a significant change since the last measurement (if applicable) or is there perhaps an error in measurement?
- Has the child been sick?
- Is an immediate referral necessary?

5. Ask questions about **health or prenatal history.**

- Is there a medical referral or formula request?
- Is information up-to-date?
- Is information complete?

6. Consider the participant/caretaker responses to medical and nutrition questions.

Use critical thinking to ask:

- What are the **participant or parent/caretaker's concerns?**
- What additional questions need to be asked?

- What probing questions should be asked that may help to explain what might cause or contribute to the anthropometric or hematological data seen?
 - Are there any medical or dental issues identified?
 - Should a referral be given?
 - What **amounts and types of foods are eaten and what is frequency** of eating? For example, if the parent says the child drinks “juice” at meals, ask how much juice the child drinks in a day and the kind of “juice” the child drinks.
 - Is there a lack of understanding/knowledge?
 - Are there cultural or family patterns that impact the participant’s choices?
 - Who else lives in the household that makes decisions about the foods purchased, prepared, or offered to the participant?
 - How do these issues impact the participant’s health or nutritional status?
7. **Before you suggest a specific food package** for this participant, consider such things as medical conditions, allergies, intolerances, refusal to consume specific foods, alternative ways to prepare foods, and environmental factor.
- Refer to Food Package Assignment, Clinical Nutrition and Breastfeeding Support Section of WIC and Nutrition Manual.
8. **Inform participant or parent/caretaker** in an affirming, participant centered manner of the risk factors and barriers to positive health outcomes that have been identified. Give participant opportunity to have input as to which issues to discuss further and what goal(s) they are willing to consider.
9. **Close on a positive note.**
- Provide any recommended referrals.
 - Express appreciation for their time.
 - Let them know you look forward to hearing how things go.

PARTICIPANT CENTERED NUTRITION EDUCATION ASSESSMENT AND COUNSELING TECHNIQUE THREE STEP COUNSELING

Nutrition assessment and participant centered nutrition education and counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring. Individualized nutrition education counseling is then provided to address the identified questions, concerns and goals.

Three Step Counseling is a technique that is useful in implementing participant centered nutrition assessment and education.

The Three Steps:

1. **Ask open ended questions.**
2. **Affirm Participant**
3. **Educate**

STEP 1: ASKING OPENING ENDED QUESTIONS

Begin your questions with the words, "What," "How," or "Tell me..." to ask things in an open way. With closed questions, mothers often feel interrogated or they feel they must come up with the "right" answer, whether they believe it or not. Open questions help build rapport, which helps mothers feel confident and safe sharing their concerns.

Example of open ended questions:

- "What have you heard about breastfeeding?"
- "How are you planning to feed your baby?"
- "Tell me about your child's eating habits"

A "probe" is a follow-up question, usually asked in an open-ended way. Probes help you get a bigger picture of what the mother means by the things she says. There are many different types of probes that can be used to learn more. The United States Department of Agriculture's *Loving Support through Breastfeeding, A Journey Together* Curriculum offers this information regarding "Probing" questions.

What it is	How it works	Examples
Extending Probe	Asks the mother to tell you more.	<ul style="list-style-type: none">▪ What else have you heard about that?▪ How did you feel when he said that?▪ Tell me more.
Clarifying Probe	Helps you understand what the mother means by what she has told you. It often uses the words "do you mean?" "When you say _____, do you mean _____?"	<ul style="list-style-type: none">▪ When you say it's too hard, do you mean it will be too hard to learn to breastfeed?▪ Are you afraid breastfeeding will be embarrassing to you or to someone who might see you?
Reflecting Probe	Repeats the mother's words back to her so she can hear what she said. It often begins with the words, "So you're saying..."	<ul style="list-style-type: none">▪ So you're saying you don't think you can breastfeed?▪ You think the baby's father will feel left out, and that worries you?▪ It sounds like it's important to you to breastfeed.
Redirecting Probe	Helps you change the subject or steer the conversation in a different direction. This works best when the mother's concerns are acknowledged before changing the subject.	<ul style="list-style-type: none">▪ I can see you're concerned about your finances, and we're going to get you some names of people who can help. Other than that concern, what else worries you?▪ What other concerns do you have?

Adapted from USDA's Loving Support through Breastfeeding, A Journey Together Curriculum.

STEP 2: AFFIRM

Affirmation is a short, simple statement that lets a participant know her feelings are okay. Affirmation acknowledges not what she says, but her feelings behind what she is saying. Many mothers feel uneasy after sharing their concerns, and worry that the health professional may think they are silly. It can put a mother at ease to know she is not alone and that you recognize the feelings that are important to her. Once her feelings are validated, a mother is more likely to hear the information you will share with her.

Five Way to Affirm

1. **Agree with her.**
 - “You’re right. Breastfeeding can be time consuming at first.”
 - “I felt that way, too”
2. **Assure her she’s not alone.**
 - “Many moms have felt that way.”
 - “That’s a pretty common reaction.”
 - “Many women go through a period like that after the baby is born”
3. **Read between the lines to discover what she is worried about.**
 - “I can see that keeping your baby happy is very important to you.”
4. **Shine the spotlight on what she is doing well.**
 - “It’s great you are breastfeeding! A lot of moms would have given up.”
5. **Show her she’s a good mother.**
 - “It’s obvious how much you love your baby.”

STEP 3: EDUCATE

Once you have asked open-ended questions, used probes to identify the mother’s true concerns, and affirmed the mother’s feelings, you are ready to begin educating the mother. Education is in the form of simple bits of information that help address the mother’s concerns. It works best when it focuses on options and solutions. When providing the nutrition education, carefully target information to the concern uncovered in step one, provide information in small simple bites and allow the participant to participate in the learning process and in setting goals for changes.

The United States Department of Agriculture’s *Loving Support Through Breastfeeding, A Journey Together* Curriculum offers this information regarding educating in the Three Step Counseling technique.

Education tips	Why it’s important	Ways to use it
Keep it simple.	Complicated instructions make breastfeeding sound difficult or unmanageable.	Focus on 2-3 simple ways to handle her concerns. Think “tweet” to keep it short and simple.
Target her concerns.	Adults tend to “tune out” people who are sharing information that does not interest them. Mothers will remember information they find relevant to them.	Once a mother has identified her concern, give her a couple of options that address the concern she has identified, not your own “laundry list” of information you want her to know.
Reinforce your message.	Adults are more likely to remember information they’ve heard more than once.	Record the mother’s concern in your notes, and review it in your next call or visit. Or, send a brochure that addresses that concern.
Give options.	When adults receive options, they feel they are more in control of their choices, and can select the options they believe will work best for them. Offering options also helps them feel their concerns can be overcome since there is more than one solution.	Consider offering 2-3 options that worked for you or for other moms. You can say, “Here are a couple of things that worked for other moms. You can pick whatever you think might work best for you.”
Share resources.	Moms may like to have resources to refer to later, in case they forget things you shared.	Share WIC pamphlets, simple breastfeeding books, or videos to reinforce your information. You can also share information about classes or mother’s groups she might like to attend.

ASSESSING AND TARGETING YOUR NUTRITION MESSAGE BASED ON THE PARTICIPANTS READINESS FOR CHANGE

When counseling WIC mothers, remember that not all women are at the same place in their “readiness” to hear your information. You will want to change the way you talk with a mom depending on where she is in her decision-making process. The 3-Step Counseling skills will help you identify where a mother is in that process and how you can best reach her.

The United States Department of Agriculture’s *Loving Support Through Breastfeeding, A Journey Together* Curriculum, *Module 4, How to Talk to Moms about Breastfeeding* offers this information regarding educating in the Three Step Counseling technique based on readiness.

Not Ready

A mother who is not ready may need more time to think about breastfeeding. She may be feeling overwhelmed, or have had a previous negative experience. Your role is to keep the conversation going and help her not feel judged. Your power tool is affirmation.

3-Step power tools	How they might sound
Open-ended Questions	“Tell me some things you have been thinking about”
Affirmation	“It sounds like you’ve been giving this a lot of thought. That’s great!” “That’s a common reaction from other moms.”
Education	Encourage her to: <ul style="list-style-type: none">▪ Think about breastfeeding▪ Be open▪ Learn about breastfeeding to make an informed choice

Unsure

A mother who is unsure has some awareness of the importance of breastfeeding, but may be weighing pros and cons. Avoid giving her too much information.

3-Step power tools	How they might sound
Open-ended Questions	“Tell me some things you’ve been thinking about.” “Who might be around to support you?”
Affirmation	“I can tell you’re giving this a lot of thought.” “It sounds like being a good mom is very important to you.”
Education	Encourage her to: <ul style="list-style-type: none">▪ Explore options that might work for her.▪ Take baby steps by learning more.

Ready

When a mother is ready, she has weighed the pros and cons and feels she can work breastfeeding into her life. She is open to your ideas and suggestions.

3-Step power tools	How they might sound
Open-ended Questions	“What are some things you feel will make it a good experience for you?” “Who will support you with breastfeeding?”
Affirmation	“It’s great you are planning to breastfeed!”
Education	Encourage her to: <ul style="list-style-type: none">▪ Talk with the people close to her about breastfeeding.▪ Attend a breastfeeding class to be well prepared.

COUNSELING IN DIFFICULT SITUATIONS

The United States Department of Agriculture's *Loving Support Through Breastfeeding, A Journey Together Curriculum, Module 4, How to Talk to Moms about Breastfeeding* offers this information regarding educating in difficult situations. Be sensitive to the mother's situation and honor her wishes. Realize that you only see part of the snapshot of her life, and seek to understand rather than judge.

Not interested

- Show understanding and affirm her decision to do what she feels will be best.
- Tell her WIC wants to help her make an informed choice and will support her.
- Ask if you can check on her periodically to see how her pregnancy is progressing. This builds trust and allows her to change her mind later if she chooses.

Rude

- Be sensitive to what may be going on in her life.
- Affirm her and avoid the temptation to react negatively to her rudeness.

Shy

- Ask open-ended questions that cannot be answered with one or two words.
- Let her know that WIC peer counselors are moms just like her.
- Affirm where she is and let her know it is okay to be unsure about things right now.

Previous sexual abuse

- Let her know that WIC can put her in touch with people she can talk with if she desires.
- Affirm the mother, who may be feeling overwhelmed and scared.
- Let her know that for some mothers, breastfeeding is a way to bring about healing.

Overly dependent on you

- Affirm the mom's willingness to come to you with questions.
- Point her to resources to learn more so that many of her questions can be answered in other ways.
- Remind her that you have many other WIC participants to counsel and she might need additional assistance from the WIC Designated Breastfeeding Expert.

Received misinformation

- Rather than contradicting the information she received, support the important relationships in the mother's life.
- Share new information the mother might not be aware of to help her make an informed decision.
- Encourage her to bring family members with her to the breastfeeding class.
- Report any misinformation incidents.

Three Step Counseling Reference:

United States Department of Agriculture's *Loving Support through Breastfeeding, A Journey Together Curriculum, Module 4, How to Talk to Moms about Breastfeeding*.

ASSESSING NUTRITION AND DIET & DOCUMENTING RISK ON THE WIC-75

The WIC-75 is utilized to access and document the certification subjective data, objective measurements, assessment, and plan. When completing the paper or automated WIC-75, the Certifying Health Professional will be documenting definitive measurements and responses. The goal of the Value Enhanced Nutrition Assessment, which is participant centered, is to have a conversation with the participant/family about their current concerns, choices, and goals. With questions that are closed or simply require a “yes” or “no” response, mothers often feel interrogated or required to come up with the “right” answer, whether they believe it or not. Open and conversationally participant centered questions help build rapport, which helps mothers feel confident and safe sharing their concerns.

Example of Closed and Participant Centered Questions:

To assess for the risk code 411.9 Inappropriate Infant Feeding Practice -Feeding an infant leftover breastmilk or formula from an earlier feeding:

Closed Question: “Do you feed your baby leftover breastmilk or formula from an earlier feeding?”

In the closed version of the question, the participant will respond with a “Yes” or “No” and may feel judged or second guess herself. The Certifying Health Professional is not building rapport or trust with the mother. Mom may leave WIC clinic feeling confused or less confident in her ability to care for her infant.

Participant Centered: “If your baby doesn’t finish a bottle, what do you do with the left over breastmilk or formula?”

In the participant centered question, she has an opportunity to share how she handles left over breastmilk or formula and has the opportunity to expand on any issues or concerns she may be having with left over breastmilk or formula. This then leads to the certifying health professional to assess a concern and allow for a nutrition education to address her concerns. There is an opportunity for rapport and to build trust with the mom. Mom may leave feeling more confident and empowered to care for her infant. The Certifying Health Professional completes the nutrition visit feeling satisfied with the positive interaction.

On the following pages are sample participant questions a Certify Health Professional may utilize when completing nutrition assessment/WIC Certification for each participant category. These are sample questions, and not an exhaustive list of all potential questions or follow up probing questions.

Sample Participant Centered Questions for Completing WIC-75

Pregnant:

- Tell me about any concerns or problems you have had with this pregnancy or any previous pregnancies.
- What concerns do you have about your eating habits?
- How do you feel you are eating during this pregnancy?
- How do you feel about your weight gain during this pregnancy/previous pregnancy?
- What concerns or questions do you have about physical activity during pregnancy?
- Please tell me about any major surgeries, trauma or burns you have had.
- What have you heard about breastfeeding?
- What are your plans for feeding your baby?
- What topics or concerns would you like to discuss today?
- Please tell me about the foods you usually eat to help us tailor your food package (may probe based on food groups-grains, meat/protein, dairy, fruits and vegetables, may probe based on meal/snack).
- Has a doctor asked you to eat a special diet or special foods, if yes please describe.
- What medications vitamins, or herbs are you taking?
- What are your plans for returning to work or school after the baby is born?
- How is that advice working for you?
- Are there any concerns with your refrigerator or stove working at home?
- Have you had any problems with your stove or refrigerator in the past 6 months?
- What does your household use for drinking water?
- In the past month, have there been days when you did not have enough food or money to buy food?
- Is this your first pregnancy?
- Tell me about your previous pregnancies.
- Have you had any discomforts commonly seen in pregnancy (heartburn, nausea, vomiting, and constipation)?
- How many times a day do you usually eat including meals and snacks?
- Are there any foods you are avoiding?
- How often do you eat food and snacks away from home such as from fast food, vending machines, and restaurants?
- What type of milk do you drink/does your family drink?
- Are you having cravings or have you eaten anything unusual such as ashes, clay, chalk, baking soda, ice, etc.?
- Are you having any difficulty taking your prenatal vitamin daily?
- What have you heard about kangaroo care/skin-to-skin care?
- Have you discussed with your employer/school your need to pump when you return?
- Does anyone in your home smoke?

Sample Participant Centered Questions for Completing WIC-75

Breastfeeding Woman:

- Tell me about how things are going since the baby is home.
- Tell me about how your family and friends are supporting breastfeeding now that you are home.
- Tell me about any concerns or problems you had with this pregnancy.
- Tell me about any concerns or problems you had during delivery. Any concerns for your baby?
- How do you feel about breastfeeding now that you are home from the hospital?
- How do you feel you are eating since delivery?
- How do you feel about your weight since you had your baby?
- Do you have a weight loss goal since delivery?
- How was your delivery experience?
- Were you able to place baby in kangaroo care skin-to-skin care right after delivery?
- Since having your baby, do you have any health concerns for yourself? Or your baby?
- Have you had any problems with your teeth or gums since you had your baby?
- Are you breastfeeding or pumping milk for your baby? How is it going?
- Are you using birth control? What type? Do you need more information on birth control and breastfeeding?
- Please tell me about any major surgeries including C-section, trauma or burns you have had.
- Have you seen your doctor since you had your baby? Do you have a 6 week checkup scheduled?
- What topics or concerns would you like to discuss today?
- Please tell me about the foods you usually eat to help us tailor your food package (may probe based on food groups-grains, meat/protein, dairy, fruits and vegetables, may probe based on meal/snack).
- Has a doctor asked you to eat a special diet or special foods? If yes, please describe.
- What medications vitamins, or herbs are you taking?
- What are your plans for returning to work or school after the baby is born?
- Are there any concerns with your refrigerator or stove working at home?
- What does your household use for drinking water?
- In the past month, have there been days when you did not have enough food or money to buy food?
- Is this your first pregnancy?
- How many times a day do you usually eat including meals and snacks?
- Are there any foods you are avoiding?
- How often do you eat food and snacks away from home such as from fast food, vending machines, and restaurants?
- What type of milk do you drink/does your family drink?
- Are you having cravings or have you eaten anything unusual such as ashes, clay, chalk, baking soda, etc.?
- What are your plans for returning to work or school? What are your plans for feeding your baby once you return to work or school?
- Have you discussed with your employer/school your need to pump when you return?
- How do you feel about your milk supply?
- How does your baby show he/she is ready to eat?
- Does anyone in your home smoke?

Sample Participant Centered Questions for Completing WIC-75

Post-Partum - Non Breastfeeding Woman:

- Tell me about how things are going since the baby is home
- Tell me about any concerns or problems you had during delivery. Any concerns for your baby?
- How do you feel you are eating since delivery?
- How do you feel about your weight since you had your baby?
- Do you have a weight loss goal since delivery?
- How was your delivery experience?
- Were you able to place baby in kangaroo care skin-to-skin care right after delivery?
- Since having your baby, do you have any health concerns for yourself? Or your baby?
- Have you had any problems with your teeth or gums since you had your baby?
- Are you using birth control? What type? Do you need more information on birth control and breastfeeding?
- Please tell me about any major surgeries including C-section, trauma or burns you have had?
- Have you seen your doctor since you had your baby? Do you have a 6 week checkup scheduled?
- What topics or concerns would you like to discuss today?
- Please tell me about the foods you usually eat to help us tailor your food package (may probe based on food groups-grains, meat/protein, dairy, fruits and vegetables, may probe based on meal/snack).
- Has a doctor asked you to eat a special diet or special foods? If yes, please describe.
- What medications vitamins, or herbs are you taking?
- Are there any concerns with your refrigerator or stove working at home?
- What does your household use for drinking water?
- In the past month, have there been days when you did not have enough food or money to buy food?
- How many times a day do you usually eat including meals and snacks?
- Are there any foods you are avoiding?
- How often do you eat food and snacks away from home such as from fast food, vending machines, delis, and restaurants?
- What type of milk do you drink/does your family drink?
- Are you having cravings or have you eaten anything unusual such as ashes, clay, chalk, baking soda, etc.?
- Does anyone in your home smoke?

Sample Participant Centered Questions for Completing WIC-75

Infant

- Were you able to place baby in kangaroo care skin-to-skin care right after delivery?
- What are your plans for returning to work or school after the baby is born?
- What are your plans for feeding your baby once you return to work or school?
- Have you discussed with your employer/school your need to pump when you return?
- Are there any concerns with your refrigerator or stove working at home? Do you have concerns in preparing/ pumping or storing breast milk or formula?
- What does your household use for drinking water? Is this the same source of water you use for preparing formula or drinking water for your infant?
- When was your baby's last visit to the doctor? Do you have a 2 week, etc. checkup scheduled?
- Has your doctor said your baby has any health problems?
- What concerns, if any do you have about your baby's health?
- What concerns, if any do you have about your baby's weight gain/growth?
- Are you concerned about your baby's sucking or swallowing? Vomiting or spitting up? Constipation? Diarrhea?
- Is your baby taking any vitamins or medicine such as vitamin D? Other vitamins? Or a Fluoride supplement? Over the counter medication, medicine from the doctor? Herbal supplement?
- Are your baby's shots up to date?
- Have you identified a doctor for your baby? Who?
- Does anyone inside your home smoke?
- Is your baby breastfed?
- Is your baby receiving any formula? What type?
- How do you prepare the formula?
- Is your baby fed anything other than breastmilk or formula?
- If your baby drinks anything other than breastmilk or formula, how is it offered (bottle, cup, with spoon, baby feeds self, other)?
- If your baby doesn't finish a bottle, what do you do with the left over breastmilk or formula?
- In the past month, have there been days when you did not have enough food or money to buy food?
- What topics or concerns would you like to discuss today?
- How do you feel about your milk supply?
- Most days, do you wipe or brush your baby's gums or teeth?
- How does your baby show he/she is ready to eat?

Sample Participant Centered Questions for Completing WIC-75

Child

- What concerns do you have about your child's eating habits?
- Tell me about any concerns you have about your child's growth.
- Please tell me about any major surgeries, trauma or burns your child has had in the past 6 months?
- What topics or concerns would you like to discuss today?
- Please tell me about the foods your child usually eats, this helps us tailor your food package. (May probe based on: food groups-grains, meat/protein, dairy, fruits and vegetables; and typical meals/snacks.)
- Has a doctor asked your child to eat a special diet or special foods? If yes, please describe.
- What does your household use for drinking water? (city/town/county water, well water, bottled water, other)
- Are there any concerns with your refrigerator or stove working at home?
- Do you have concerns in preparing/ pumping or storing breast milk or formula?
- In the past month, have there been days when you did not have enough food or money to buy food?
- What concerns, if any do you have about your child's health?
- What concerns, if any do you have about your child's weight gain/growth?
- Is your child breastfed?
- Are your child's shots up to date? Where does your child receive medical care?
- How many times a day does your child usually eat, including meals and snacks?
- How often does your child/family eat food and snacks away from home such as from fast food, vending machines, and restaurants?
- What type of milk does your child drink/does your family drink?
- Has your child shown cravings for or has she/he eaten anything unusual such as ashes, clay, chalk, baking soda, etc.?
- If your child is thirsty between meals, what do you offer (water, tea, soda, milk, juice, etc.)?
- Where does your child eat most meals? (At kitchen or dining table, in living room, in front of TV, walking around, at home, others home, restaurant, in car)?
- Does your child typically eat meals and snacks at about the same time each day?
- What type of active play/exercise does your child like? How much per day/week? How much time spent outdoors during active play?
- Are there any foods your child refuses to eat?
- In the past month, have there been days when you did not have enough food or money to buy food?
- What medications, vitamins, or herbs is your child taking?
- Most days, do you brush your child's teeth?
- How many meals and snacks does your child eat most days?
- What type of bottle or cup does your child use for drinking beverages (bottle, cup with lid, regular cup)?
- What is your child's favorite food?
- Does your child feed him/herself? Does your child use fingers, fork, or spoon to feed him/herself?
- Does anyone in your home smoke?

WIC CERTIFICATION ASSESSMENT & NUTRITION EDUCATION COUNSELING GUIDELINES

WIC certification nutrition education counseling and referrals is required to be provided according to the guidelines in the Clinical Nutrition and Breastfeeding Support Section of the WIC and Nutrition Manual, which are based upon the assessment of the participant's medical information in regard to nutrition risk criteria. Refer to Tables 1 and 2 for specific required counseling based on status and risk code identification.

IMPORTANCE OF DIETARY ASSESSMENT

Although applicants to the WIC Program may be presumed to be at dietary risk for failure to meet the Dietary Guidelines for Americans/ current national recommendations for infants and children under age 2, a dietary assessment is a critical component of the individual WIC nutrition assessment. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring. Nutrition assessment serves as the foundation on which other nutrition services are planned and provided. This includes:

- Food package assignment;
- Referrals;
- Nutrition education and counseling; and
- Breastfeeding promotion and support.

Dietary assessment tools include a food record/food diary, a 24 hour recall and a food frequency questionnaire. All tools have their advantages and disadvantages and may sometimes be used together. A food record/diary is a self-reported record of all foods and beverages consumed by over one or more days. This is not a practice tool for WIC Clinic. A 24 hour recall is a structured interview used to capture detailed information about all foods and beverages consumed by the respondent in the past 24 hours, or the previous day, i.e. from midnight to midnight. Although fairly easy to conduct, it does not provide a sense of what is consumed on a typical day. A Food Frequency Questionnaire is a limited checklist of foods and beverages with a frequency response section to report how often each item was consumed over a period of time. In order to capture typical dietary habits to provide individualized nutrition education and tailored food packages, the WIC Program utilizes a brief food frequency questionnaire specific to Participant Status.

Dietary recommendations are based on the Dietary Guidelines for Americans utilizing USDA's My Plate nutrition education materials. See appendices A - C for more information on dietary recommendations.

Below is a sample dietary food frequency questionnaire for a child:

Dietary Assessment					
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 6 servings of any of the following/day: bread, cereal, rice or pasta? (Encourage whole grain choices)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 3 servings/day of vegetables?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 2 servings/day of any of the following: meat (beef, pork, chicken, or turkey), fish, soup beans, eggs or peanut butter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 2 servings/day of fruits?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 3 servings/day of any of the following: milk, cheese or yogurt? (Encourage low fat or fat free dairy choices for children 2 and older)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Does the child consume sugar sweetened beverages such tea, soda pop, Gatorade, Hi C, fruit punch, drink aide or drink more than 6 oz. of 100% juice per day?

During the assessment, the health professional has the opportunity to learn more about eating habits and probe further regarding food preferences or the caretakers concerns, and tailor the nutrition education to the participant as well as provide a tailored food package when appropriate.

WIC CERTIFICATION NUTRITION ASSESSMENT AND COUNSELING

- The following pages contain tips on assessment, counseling and nutrition education materials to utilize when conducting WIC certification nutrition assessment and counseling for all participants.

DIETARY ASSESSMENT & EDUCATION

Assessment:

- Utilize food frequency questionnaire and participant centered questions to assess diet.
- Determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition. Provide counseling to address questions/concerns/dietary habits.
- Assess if infant is receiving foods other than mother's breastmilk or iron fortified formula.

Nutrition Education Counseling Points:

For Women and Children:

- Tailor nutrition education to individualized assessment
- Review Choose My Plate Dietary Guideline Tip Sheet
- For Pregnant Women: Discuss Kentucky Prenatal Trimester Guide(s)
- For Breastfeeding Women: Discuss Nutrition During Breastfeeding Guide
- For Postpartum Women: Discuss Postpartum Nutrition Guide
- For Toddlers : Discuss Toddler Feeding Guide Age 1 to 3
- For Children: Discuss Child Feeding Guide Age 3 to 5
- Review dietary concern(s) and appropriate action. Utilize appropriate nutrition education resources to support messages.
- Encourage an average of 30 minutes for women and 60 minutes for children of physical activity each day.
- Limit screen time to no more than 2 hours/day.
- Remove the television from the child's bedroom.
- Encourage healthy foods (e.g. low-fat and reduced fat food choices including 1% or less milk, (**women/children > 2**), 5 Fruits and Vegetables per day & Avoid Sugar Sweetened Drinks)
- Refer to health care provider/Lead Program for lead screening and assessment.

For Infants:

- Discuss Kentucky Infant Feeding Guide appropriate for age and development.
- Discuss Safe Sleep Environment.
- Encourage caregiver(s) to promote physical activity and motor skill development for infant (rolling over, standing, movement, play).
- Review dietary concern(s) and appropriate action.
- Discuss recommendation not to feed human milk obtained directly from individuals or the internet.
- Refer to health care provider/Lead Program for lead screening and assessment.

Nutrition Education Materials:

- Prenatal Nutrition Guide – PAM DHS 158, 159, 160 (E & S) 9/2011
- Infant Feeding Guide – PAM NUTR 17A, 17B, 17C (E & S) 1/2009 & 4/2009
- Toddler Feeding Guide Age 1 to 3– PAM-ACH-074 (E & S) 4/2012
- Child Feeding Guide Age 3 to 5 – PAM-ACH-075 (E&S) 4/2012 & 9/2012
- Healthy Eating for Preschoolers Choose My Plate Tip sheet (FNS-451 & FNS-451S) (E & S) – USDA 10/2012
- 5,2,1,0 Healthy Numbers for Kentucky Families Combination Brochure (English)
- Iron for Strong Red Blood Cells – PAM DHS 075 11/2006
- Calcium – PAM DHS 100 (E & S) 8/2005
- Vitamin A/Vitamin C – PAM MCH 098 (E & S) 8/2008
- My Plate DG Tip Sheet 24 (Snack tips for parents) (E & S) 3/2013
- Tips for Breastfeeding Moms (FNS-458 & FNS-458S) (E & S) – USDA 02/13.
- Tips for Pregnant Moms (FNS-457 & FNS-457S) (E & S) – USDA 02/2013
- My Pyramid in Action: Dietary Supplements during Pregnancy and Breastfeeding (English) – USDA October 2007
- Whole Grains (PAM-ACH-402) (English) – 4/2009
- Tofu (PAM-ACH-403) (English) – 4/2009
- Tips to Increase Fruits and Veggies (PAM-ACH-152) (English) – 4/2009
- Choose My Plate DG Tip Sheet No.1 & 7 (Choose My Plate & Build a Healthy Meal) (English) - USDA 6/2011
- My Plate DG Tip Sheet 12 & 13 (Be A Healthy Role Model & Cut Back on Sweet Treats) (English) - USDA 6/2011
- My Plate DG Tip Sheet 9 & 10 (Smart Shopping & Liven Up Your Meals) (English) - USDA 6/2011
- My Plate DG Tip Sheet 2 & 3 (Add More Vegetables & Focus on Fruits) (English) - USDA 6/2011
- My Plate DG Tip Sheet 6 & 8 (Protein Foods & Healthy Eating for Vegetarians) (English) - USDA 6/2011
- Beans (PAM-DPH-103) (E & S) 02/2012

BREASTFEEDING PROMOTION

Assessment:

- Determine what concerns or questions the participant has in regards to breastfeeding.
- Pregnant Woman: Assess potential breastfeeding complications (flat or inverted nipples, previous lactation success or failure, breast surgery, etc.)
- Breastfeeding Woman: Assess breastfeeding status, problems, complications or concerns

Nutrition Education Counseling Points:

For pregnant women:

- Review the Kentucky Prenatal Trimester Guide.
- Discuss the advantages of breastfeeding.
- Discuss the benefits of Kangaroo Care.
- Encourage to breastfeed unless contraindicated for health/lifestyle reasons.
- Answer questions, address any concerns participant has identified.

For breastfeeding women:

- Encourage continuation and support of breastfeeding.
- Discuss the benefits of Kangaroo Care.
- Answer questions, address any concerns participant has identified.
- As appropriate discuss the prevention and treatment of sore, cracked or bleeding nipples, prevention and treatment of engorgement, maintaining milk supply, medications and breastfeeding.
- Discuss breast milk storage guidelines.

Nutrition Education Materials:

- Getting Started with Breastfeeding
- Breastfeeding: Planning Ahead During Pregnancy
- Kangaroo Care
- KY Human Milk Storage Guidelines
- Tips for Breastfeeding Moms (FNS-458 & FNS-458S)
- Tips for Pregnant Moms (FNS-457 & FNS-457S)
- Breastfeeding the Premature Infant
- Is My Baby Getting Enough?
- Expressing Your Breastmilk
- Helpful Hints for Breast Care
- Breastfeeding - Managing Basic Problems
- Breastfeeding the Older Baby

Refer to the Clinical Nutrition and Breastfeeding Support Section of the WIC & Nutrition Manual for additional information on Breastfeeding Contraindications and informal milk sharing.

TOBACCO, ALCOHOL OR HARMFUL SUBSTANCES

Assessment:

- Assess alcohol consumption
- Assess use of cigarettes or other tobacco products
- Assess use of drugs

Counseling Points:

- Discuss how tobacco and/or alcohol can affect the woman, fetus, infant, and child. This should include information about smoking cessation if appropriate and the effects of secondhand smoke.
- Discuss recommendations to not use tobacco products. Refer to 1-800-QUIT NOW (1-800-784-8669) if participant smokes.
- Discuss recommendations to not take any medications, over-the-counter or otherwise, unless specifically ordered by a physician.
- Discuss recommendations to not use drugs (marijuana, cocaine, etc.).
- Discuss recommendations to not drink alcohol.

The 5 A's Tobacco or Substance Use Counseling:

1. Ask if she uses harmful substances
2. Advise to quit
3. Assess willingness to attempt to quit
4. Assist by referring to cessation resources/substance abuse program/support group
5. Assess status of cessation or treatment at follow up visits

Education Materials:

- Smoking-Alcohol-Drugs: How can it affect you and your family?
- My Pyramid in Action: Dietary Supplements During Pregnancy and Breastfeeding
- Healthy Choices for You and Your Family
- Give Your Baby a Healthy Start- Tips for New Moms FNS-489

EXPLAIN THE WIC PROGRAM **(NEW PARTICIPANTS)**

Assessment:

- Assess questions the participant has about the WIC Program, certification process, eligibility requirements, use of food benefits, etc.

Counseling Points:

- Discuss certification process (height, weight, iron screening, nutrition assessment)
- Advise participant of eligibility
- Advise of eligibility period and recertification scheduling
- Discuss importance of benefits of the program (nutrition education, breastfeeding support, referrals and healthy foods)
- Encourage continued participation through pregnancy and child's 5th birthday
- Review foods list, food prescription, and list of authorized vendors

Nutrition Education Materials:

- How WIC Helps
- KY Approved Food List
- Participant and Household Benefit List/Shopping List
- Choose MyPlate or appropriate nutrition guide for status

SAFE SLEEP ENVIRONMENT FOR INFANTS

For infants up to age one:

Assessment:

- Assess any concerns caretaker has regarding safe sleep for infant.

Counseling Points:

Discuss American Academy of Pediatrics (AAP) Safe Sleep Policy.

The Kentucky Department of Public Health supports the American Academy of Pediatrics Policy on Safe Sleep to reduce the incidence of Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS). The AAP Safe Sleep Policy includes:

- Placing baby on their back for every sleep time;
- Placing baby on a firm sleep surface. Sitting devices such as car seats, strollers, swings, infant carriers and infant slings are not recommended for routine sleep;
- Placing baby in the same room where the parents sleep but **not** on the same bed (room sharing without bed sharing);
- Keeping soft objects, loose bedding, or any objects that could increase risk of entrapment, suffocation, or strangulation out of the crib. These objects include pillows, blankets and bumper pads;
- Not using wedges and positioners;
- Breastfeeding as much and for as long as the mother can;
- Offering a pacifier at nap time and bedtime. With breastfeeding infants, delay pacifier introduction until breastfeeding is firmly established, usually 3-4 weeks;
- Not letting the baby get too hot. In general, infants should be dressed appropriately for the environment, with no more than 1 layer more than an adult would wear to be comfortable in that environment;
- Scheduling and going to all well-child visits;
- Keeping baby away from smokers and places where people smoke;
- Not using products that claim to reduce the risk of SIDS.

The AAP recommends supervised, awake tummy time daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

Education Materials:

- Safe Sleep for Your Baby (NIH Pub. No. 12-5759)
- Safe Sleep Kentucky: ABCs of Safe Sleep <http://safesleepky.com/need-to-know/abcs-of-safe-sleep/>

REVIEW AND DISCUSS PREVIOUSLY SET NUTRITION GOALS
(RECERTIFICATION'S ONLY)

Assessment:

- Assess progress toward goal(s) established at the certification visit/previous nutrition education visit.
- Conduct WIC certification visit

Counseling Points:

- Acknowledge progress as well as challenges for participant in meeting goals.
- For participants who completed online nutrition education lesson, review and discuss the lesson completion certificate, participant goal set during the lesson, and links visited.
- Provide appropriate counseling based on current certification.

Education Materials:

- Utilize education materials appropriate for current certification to support current or new personalized nutrition goals.

DISCUSS SPECIFIC NUTRITIONAL RISKS IDENTIFIED & ASSIGNED

Assessment:

- Assess for all applicable risk codes for category
- Utilize participant centered questions

It may be appropriate to gather more information to determine management of a condition.

Questions may be asked, such as:

- Is the condition managed by a medical professional?
- Is the condition controlled by diet or medication?
- What medication was prescribed?
- How may contact be made with the professional (if further information for care is needed)?

Nutrition Education Counseling Points:

- See Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol in the Clinical Nutrition and Breastfeeding Promotion Section of the WIC and Nutrition Manual.

Education Materials:

- See Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol in the Clinical Nutrition and Breastfeeding Promotion Section of the WIC and Nutrition Manual for recommended nutrition education materials for specific nutrition risk codes.
- See Reference Materials for Certification and Follow-Up Counseling Guidelines in the Clinical Nutrition and Breastfeeding Promotion Section of the WIC and Nutrition Manual.
- <http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

APPENDICES

Appendix A

Estimated Calorie Needs per Day, by Age, Sex, and Physical Activity Level

(Dietary Guidelines for Americans 2015-2020)

MALES

AGE	Sedentary ^[a]	Moderately active ^[b]	Active ^[c]
2	1,000	1,000	1,000
3	1,000	1,400	1,400
4	1,200	1,400	1,600

FEMALES

AGE	Sedentary ^[a]	Moderately active ^[b]	Active ^[c]
2	1,000	1,000	1,000
3	1,000	1,200	1,400
4	1,200	1,400	1,400
5	1,200	1,400	1,600
6	1,200	1,400	1,600
7	1,200	1,600	1,800
8	1,400	1,600	1,800
9	1,400	1,600	1,800
10	1,400	1,800	2,000
11	1,600	1,800	2,000
12	1,600	2,000	2,200

FEMALES

AGE	Sedentary ^[a]	Moderately active ^[b]	Active ^[c]
13	1,600	2,000	2,200
14	1,800	2,000	2,400
15	1,800	2,000	2,400
16	1,800	2,000	2,400
17	1,800	2,000	2,400
18	1,800	2,000	2,400
19-20	2,000	2,200	2,400
21-25	2,000	2,200	2,400
26-30	1,800	2,000	2,400
31-35	1,800	2,000	2,200
36-40	1,800	2,000	2,200
41-45	1,800	2,000	2,200
46-50	1,800	2,000	2,200
51-55	1,600	1,800	2,200

Notes

^[a] Sedentary means a lifestyle that includes only the physical activity of independent living.

^[b] Moderately Active means a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the activities of independent living.

^[c] Active means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the activities of independent living.

^[d] Estimates for females do not include women who are pregnant or breastfeeding.

Source: Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington (DC): The National Academies Press; 2002.

Appendix B

CHOOSE MYPLATE FOOD GROUP RECOMMENDATIONS

The following pages contain the ChooseMyPlate recommendations for:

- Grains
- Meats and Protein
- Dairy
- Vegetables
- Fruits

As well as

- MyPlate Daily Checklist for Preschoolers- provides calorie needs by preschool age and activity
- Meal and Snack Patterns for 1000 Calories, 1200 Calories, 1400 Calories and 1600 Calories

Grains Group

What foods are in the Grains Group?

Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples of grain products.

Grains are divided into 2 subgroups, Whole Grains and Refined Grains. Whole grains contain the entire grain kernel — the bran, germ, and endosperm. Examples of whole grains include whole-wheat flour, bulgur (cracked wheat), oatmeal, whole cornmeal, and brown rice. Refined grains have been milled, a process that removes the bran and germ. This is done to give grains a finer texture and improve their shelf life, but it also removes dietary fiber, iron, and many B vitamins. *Some examples of refined grain products* are white flour, degermed cornmeal, white bread, and white rice.

Most refined grains are enriched. This means certain B vitamins (thiamin, riboflavin, niacin, folic acid) and iron are added back after processing. Fiber is not added back to enriched grains. Check the ingredient list on refined grain products to make sure that the word "enriched" is included in the grain name. Some food products are made from mixtures of whole grains and refined grains.

How many grain foods are needed daily?

The amount of grains you need to eat depends on your age, sex, and level of physical activity. Recommended daily amounts are listed in this table below. Most Americans consume enough grains, but few are whole grains.

At least half of all the grains eaten should be whole grains.

DAILY GRAIN TABLE			
		DAILY RECOMMENDATION*	DAILY MINIMUM AMOUNT OF WHOLE GRAINS
Children	2-3 years old	3 ounce equivalents	1 ½ ounce equivalents
	4-8 years old	5 ounce equivalents	2 ½ ounce equivalents
Girls	9-13 years old	5 ounce equivalents	3 ounce equivalents
	14-18 years old	6 ounce equivalents	3 ounce equivalents
Boys	9-13 years old	6 ounce equivalents	3 ounce equivalents
	14-18 years old	8 ounce equivalents	4 ounce equivalents
Women	19-30 years old	6 ounce equivalents	3 ounce equivalents
	31-50 years old	6 ounce equivalents	3 ounce equivalents
	51+ years old	5 ounce equivalents	3 ounce equivalents
Men	19-30 years old	8 ounce equivalents	4 ounce equivalents
	31-50 years old	7 ounce equivalents	3 ½ ounce equivalents
	51+ years old	6 ounce equivalents	3 ounce equivalents

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

What counts as an ounce-equivalent of grains?

In general, 1 slice of bread, 1 cup of ready-to-eat cereal, or ½ cup of cooked rice, cooked pasta, or cooked cereal can be considered as 1 ounce-equivalent from the Grains Group. The table below lists specific amounts that count as 1 ounce-equivalent of grains towards your daily recommended intake. In some cases the number of ounce-equivalents for common portions are also shown.

<https://www.choosemyplate.gov/grains>

Meats and Protein Foods

What foods are in the Protein Foods Group?

All foods made from meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds are considered part of the Protein Foods Group. Beans and peas are also part of the Vegetable Group.

Select a variety of protein foods to improve nutrient intake and health benefits, including at least 8 ounces of cooked seafood per week. Young children need less, depending on their age and calorie needs. The advice to consume seafood does not apply to vegetarians. Vegetarian options in the Protein Foods Group include beans and peas, processed soy products, and nuts and seeds. Meat and poultry choices should be lean or low-fat.

How much food from the Protein Foods Group is needed daily?

The amount of food from the Protein Foods Group you need to eat depends on age, sex, and level of physical activity. Most Americans eat enough food from this group, but need to make leaner and more varied selections of these foods. Recommended daily amounts are shown in the table below.

DAILY PROTEIN FOODS TABLE		
DAILY RECOMMENDATION*		
Children	2-3 years old	2 ounce equivalents
	4-8 years old	4 ounce equivalents
Girls	9-13 years old	5 ounce equivalents
	14-18 years old	5 ounce equivalents
Boys	9-13 years old	5 ounce equivalents
	14-18 years old	6 ½ ounce equivalents
Women	19-30 years old	5 ½ ounce equivalents
	31-50 years old	5 ounce equivalents
	51+ years old	5 ounce equivalents
Men	19-30 years old	6 ½ ounce equivalents
	31-50 years old	6 ounce equivalents
	51+ years old	5 ½ ounce equivalents

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

What counts as an ounce-equivalent in the Protein Foods Group?

In general, 1 ounce of meat, poultry or fish, ¼ cup cooked beans, 1 egg, 1 tablespoon of peanut butter, or ½ ounce of nuts or seeds can be considered as 1 ounce-equivalent from the Protein Foods Group.

Selection Tips

- Choose lean or low-fat meat and poultry. If higher fat choices are made, such as regular ground beef (75-80% lean) or chicken with skin, the fat counts against your limit for calories from saturated fats.
- Select some seafood that is rich in omega-3 fatty acids, such as salmon, trout, sardines, anchovies, herring, Pacific oysters, and Atlantic and Pacific mackerel.
- Processed meats such as ham, sausage, frankfurters, and luncheon or deli meats have added sodium. Check the Nutrition Facts label to help limit sodium intake. Fresh chicken, turkey, and pork that have been enhanced with a salt-containing solution also have added sodium. Check the product label for statements such as “self-basting” or “contains up to ___% of ___”, which mean that a sodium-containing solution has been added to the product.
- Choose unsalted nuts and seeds to keep sodium intake low.

<https://www.choosemyplate.gov/protein-foods>

Dairy Foods

What foods are included in the Dairy Group?

All fluid milk products and many foods made from milk are considered part of this food group. Most Dairy Group choices should be fat-free or low-fat. Foods made from milk that retain their calcium content are part of the group. Foods made from milk that have little to no calcium, such as cream cheese, cream, and butter, are not. Calcium-fortified soymilk (soy beverage) is also part of the Dairy Group.

How much food from the Dairy Group is needed daily?

The amount of food from the Dairy Group you need to eat depends on age. Recommended daily amounts are shown in the table below.

DAILY DAIRY TABLE					
DAILY RECOMMENDATION					
Children	2-3 years old	2 cups	Women	19-30 years old	3 cups
	4-8 years old	2 ½ cups		31-50 years old	3 cups
Girls	9-13 years old	3 cups		51+ years old	3 cups
	14-18 years old	3 cups	Men	19-30 years old	3 cups
Boys	9-13 years old	3 cups		31-50 years old	3 cups
	14-18 years old	3 cups		51+ years old	3 cups

What counts as a cup in the Dairy Group?

In general, 1 cup of milk, yogurt, or soymilk (soy beverage), 1 ½ ounces of natural cheese, or 2 ounces of processed cheese can be considered as 1 cup from the Dairy Group. The table below lists specific amounts that count as 1 cup in the Dairy Group towards your daily recommended intake.

Selection tips

- Choose fat-free or low-fat milk, yogurt, and cheese. If you choose milk or yogurt that is not fat-free, or cheese that is not low-fat, the fat in the product counts against your limit for calories from saturated fats.
- If sweetened milk products are chosen (flavored milk, yogurt, drinkable yogurt, desserts), the added sugars also count against your limit for calories from added sugar.
- For those who are lactose intolerant, smaller portions (such as 4 fluid ounces of milk) may be well tolerated. Lactose-free and lower-lactose products are available. These include lactose-reduced or lactose-free milk, yogurt, and cheese, and calcium-fortified soymilk (soy beverage). Also, enzyme preparations can be added to milk to lower the lactose content.
- Calcium choices for those who do not consume dairy products include:
 - Calcium-fortified juices, cereals, breads, rice milk, or almond milk. Calcium-fortified foods and beverages may not provide the other nutrients found in dairy products. Check the labels.
 - Canned fish (sardines, salmon with bones) soybeans and other soy products (tofu made with calcium sulfate, soy yogurt, tempeh), some other beans, and some leafy greens (collard and turnip greens, kale, bok choy). The amount of calcium that can be absorbed from these foods varies

<https://www.choosemyplate.gov/dairy>

Vegetable Group

What foods are in the Vegetable Group?

Any vegetable or 100% vegetable juice counts as a member of the Vegetable Group. Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed.

Based on their nutrient content, vegetables are organized into 5 subgroups: dark-green vegetables, starchy vegetables, red and orange vegetables, beans and peas, and other vegetables.

How many vegetables are needed?

The amount of vegetables you need to eat depends on your age, sex, and level of physical activity.

Recommended total daily amounts and recommended weekly amounts from each vegetable subgroup are shown in the two tables below.

DAILY VEGETABLE TABLE		
DAILY RECOMMENDATION*		
Children	2-3 years old	1 cup
	4-8 years old	1 ½ cups
Girls	9-13 years old	2 cups
	14-18 years old	2 ½ cups
Boys	9-13 years old	2 ½ cups
	14-18 years old	3 cups
Women	19-30 years old	2 ½ cups
	31-50 years old	2 ½ cups
	51+ years old	2 cups
Men	19-30 years old	3 cups
	31-50 years old	3 cups
	51+ years old	2 ½ cups

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

Vegetable subgroup recommendations are given as amounts to eat WEEKLY. It is not necessary to eat vegetables from each subgroup daily. However, over a week, try to consume the amounts listed from each subgroup as a way to reach your daily intake recommendation.

What counts as a cup of vegetables?

In general, 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup from the Vegetable Group. The table below lists specific amounts that count as 1 cup of vegetables (in some cases equivalents for ½ cup are also shown) towards your recommended intake.

<https://www.choosemyplate.gov/vegetables>

Fruit Group

What foods are in the Fruit Group?

Any fruit or 100% fruit juice counts as part of the Fruit Group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed.

How much fruit is needed daily?

The amount of fruit you need to eat depends on age, sex, and level of physical activity. Recommended daily amounts are shown in the table below.

DAILY FRUIT TABLE		
DAILY RECOMMENDATION*		
Children	2-3 years old 4-8 years old	1 cup 1 to 1 ½ cups
Girls	9-13 years old 14-18 years old	1 ½ cups 1 ½ cups
Boys	9-13 years old 14-18 years old	1 ½ cups 2 cups
Women	19-30 years old 31-50 years old 51+ years old	2 cups 1 ½ cups 1 ½ cups
Men	19-30 years old 31-50 years old 51+ years old	2 cups 2 cups 2 cups

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

What counts as a cup of fruit?

In general, 1 cup of fruit or 100% fruit juice, or ½ cup of dried fruit can be considered as 1 cup from the Fruit Group. This table below shows specific amounts that count as 1 cup of fruit (in some cases equivalents for ½ cup are also shown) towards your daily recommended intake.

<https://www.choosemyplate.gov/fruit>

MyPlate Calorie Levels: MyPlate Daily Checklist for Preschoolers

The MyPlate Daily Checklist (formerly Daily Food Plan) shows what and how much your child should eat to meet his or her needs. Checklists are based on average needs by age and activity level, so you should use the Checklist as a general guide. Your preschooler's food needs also depend on how fast he or she is growing and other factors. So, do not be concerned if your preschooler does not eat the exact amounts suggested. Each child's needs may differ from the average, and appetites can vary from day to day. Try to balance the amounts over a few days or a week.

- Put the MyPlate Daily Checklist into action with meal and snack ideas.
- Offer different foods from day to day. Encourage your child to choose from a variety of foods.
- Serve foods in small portions at scheduled meals and snacks.
- Choose healthy snacks for your preschooler.
- Beverages count too. Make smart beverage choices.

Use the table below to access the right MyPlate Daily Checklist for your child. We also have an interactive calculator that will provide the exact same information for your preschooler as the table below. Here's an idea: From the table below, get your child's Checklist. Then, create your own Checklist using the interactive calculator. Be a healthy role model for your child!

AGE	SEX	DAILY PHYSICAL ACTIVITY	CALORIE LEVEL OF FOOD PLAN
2 yrs.	Boys and Girls	Any level	1000 calories
3 yrs.	Boys	Less than 30 minutes	1200 calories
		30-60 minutes, More than 60 minutes	1400 calories
	Girls	Less than 30 minutes	1000 calories
		30-60 minutes	1200 calories
		More than 60 minutes	1400 calories
4-5 yrs.	Boys and Girls	Less than 30 minutes	1200 calories
		30-60 minutes	1400 calories
	Boys	More than 60 minutes	1600 calories
	Girls	More than 60 minutes	1400 calories




Meal and Snack Patterns


for a 1000 calorie Daily Food Plan ...

These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



Click on either pattern to see examples of food choices for meals and snacks.

Meal and Snack Pattern A (1000 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Fruit ½ cup Dairy*	
Morning Snack ½ ounce Grains ½ cup Fruit	
Lunch 1 ounce Grains ¼ cup Vegetables ½ cup Dairy* 1 ounce Protein Foods	
Afternoon Snack ¼ cup Vegetables ½ cup Dairy*	
Dinner ½ ounce Grains ½ cup Vegetables ½ cup Dairy* 1 ounce Protein Foods	

Meal and Snack Pattern B (1000 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Dairy* 1 ounce Protein Foods	
Morning Snack ½ cup Fruit ½ cup Dairy*	
Lunch 1 ounce Grains ¼ cup Vegetables ½ cup Dairy*	
Afternoon Snack ¼ cup Vegetables ½ cup Fruit	
Dinner 1 ounce Grains ½ cup Vegetables ½ cup Dairy* 1 ounce Protein Foods	

*Offer your child fat-free or low-fat [milk](#), [yogurt](#), and [cheese](#).

Daily Food Plan (1000 calories)	Total amount for the day
Grain Group	3 ounces
Vegetable Group	1 cup
Fruit Group	1 cup
Dairy* Group	2 cups
Protein Foods Group	2 ounces







Meal and Snack Patterns

for a 1200 calorie Daily Food Plan ...

These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



Click on either pattern to see examples of food choices for meals and snacks.

Meal and Snack Pattern A (1200 calorie Daily Food Plan)	Meal and Snack Pattern B (1200 calorie Daily Food Plan)
Breakfast 1 ounce Grains ½ cup Fruit ½ cup Dairy* 	Breakfast 1 ounce Grains ½ cup Dairy* 1 ounce Protein Foods
Morning Snack 1 ounce Grains ½ cup Fruit	Morning Snack ½ cup Fruit ½ cup Dairy*
Lunch 1 ounce Grains ½ cup Vegetables ½ cup Dairy* 1 ounce Protein Foods 	Lunch 2 ounces Grains ½ cup Vegetables ½ cup Dairy* 
Afternoon Snack ½ cup Vegetables ½ cup Dairy*	Afternoon Snack ½ cup Vegetables ½ cup Fruit
Dinner 1 ounce Grains ½ cup Vegetables 1 cup Dairy* 2 ounces Protein Foods 	Dinner 1 ounce Grains ½ cup Vegetables 1 cup Dairy* 2 ounces Protein Foods

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

Daily Food Plan (1200 calories)	Total amount for the day
Grain Group	4 ounces
Vegetable Group	1½ cups
Fruit Group	1 cup
Dairy* Group	2½ cups
Protein Foods Group	3 ounces






Meal and Snack Patterns


for a **1400 calorie Daily Food Plan** ...

These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



Click on either pattern to see examples of food choices for meals and snacks.

Meal and Snack Pattern A (1400 calorie Daily Food Plan)	
Breakfast	
1 ounce Grains ½ cup Fruit ½ cup Dairy*	
Morning Snack	
1 ounce Grains ½ cup Fruit 1 ounce Protein Foods	
Lunch	
1 ounce Grains ½ cup Vegetables ½ cup Fruit ½ cup Dairy* 1 ounce Protein Foods	
Afternoon Snack	
½ cup Vegetables ½ cup Dairy*	
Dinner	
2 ounces Grains ½ cup Vegetables 1 cup Dairy* 2 ounces Protein Foods	

Meal and Snack Pattern B (1400 calorie Daily Food Plan)	
Breakfast	
1 ounce Grains ½ cup Dairy* 1 ounce Protein Foods	
Morning Snack	
½ cup Fruit ½ cup Dairy*	
Lunch	
2 ounces Grains ½ cup Vegetables ½ cup Fruit ½ cup Dairy*	
Afternoon Snack	
½ cup Vegetables ½ cup Fruit 1 ounce Protein Foods	
Dinner	
2 ounces Grains ½ cup Vegetables 1 cup Dairy* 2 ounces Protein Foods	

*Offer your child fat-free or low-fat [milk](#), [yogurt](#), and [cheese](#).

Daily Food Plan (1400 calories)	Total amount for the day
Grain Group	5 ounces
Vegetable Group	1½ cups
Fruit Group	1½ cups
Dairy* Group	2½ cups
Protein Foods Group	4 ounces



Meal and Snack Patterns

for a **1600 calorie Daily Food Plan** ...

These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



Click on either pattern to see examples of food choices for meals and snacks.

Meal and Snack Pattern A (1600 calorie Daily Food Plan)	
Breakfast	1 ounce Grains ½ cup Fruit ½ cup Dairy*
Morning Snack	1 ounce Grains ½ cup Fruit 1 ounce Protein Foods
Lunch	1 ounce Grains ½ cup Vegetables ½ cup Fruit ½ cup Dairy* 1 ounce Protein Foods
Afternoon Snack	½ cup Vegetables ½ cup Dairy*
Dinner	2 ounces Grains 1 cup Vegetables 1 cup Dairy* 3 ounces Protein Foods



Meal and Snack Pattern B (1600 calorie Daily Food Plan)	
Breakfast	1 ounce Grains ½ cup Dairy* 1 ounce Protein Foods
Morning Snack	½ cup Fruit ½ cup Dairy*
Lunch	2 ounces Grains ½ cup Vegetables ½ cup Fruit ½ cup Dairy*
Afternoon Snack	½ cup Vegetables ½ cup Fruit 1 ounce Protein Foods
Dinner	2 ounces Grains 1 cup Vegetables 1 cup Dairy* 3 ounces Protein Foods



*Offer your child fat-free or low-fat milk, yogurt, and cheese.

Daily Food Plan (1600 calories)	Total amount for the day
Grain Group	5 ounces
Vegetable Group	2 cups
Fruit Group	1½ cups
Dairy* Group	2½ cups
Protein Foods Group	5 ounces



<https://www.choosemyplate.gov/preschoolers-meal-and-snack-patterns>

Appendix C

Infant Feeding Recommendations

Guidelines for Feeding Healthy Infants (for WIC staff)

WIC Learning Online
job aid

Birth to 6 months

Exclusive breastfeeding is recommended for the first 6 months, with continuation for the first year or longer as mutually desired by mother and baby. lovingsupport.fns.usda.gov



The WIC Program promotes and supports exclusive breastfeeding as the standard method of infant feeding unless breastfeeding is contraindicated.

Newborns will breastfeed 8 to 12 times per day. As babies age, their stomachs can hold more milk and they are better at breastfeeding; therefore, feedings will be farther apart and may take less time."

For newborns on formula, in the first few days, they will take 2 to 3 ounces of formula every 3 to 4 hours. By 6 months of age, babies may consume approximately 32 ounces per day. During growth spurts, the frequency of feedings may increase.

Babies do not feed on a strict schedule, so it's best to watch the baby, not the clock.
For information on satiety cues, refer to the job aid *Developmental Skills/Infant Hunger & Satiety Cues*

Starting Complementary Foods

Use growth as a guide to determine adequacy of complementary feeding practices. When discussing complementary feeding with caregivers, advise on:

- Introducing one new, single-ingredient food at a time starting with baby foods such as iron-fortified cereal or baby meat which are both high in iron and zinc. It is important to wait at least 3 to 5 days to observe for possible allergic reactions or intolerances before starting another new food. Start with one feeding and gradually increase feedings to about three times per day.
- Establishing healthy/appropriate eating patterns, i.e., a variety of grains, vegetables, fruits, and protein.
- Gradually increasing variety and amounts of each food with the infant's age. By 7 to 8 months of age, infants should be consuming food from all food groups.

When counseling on feeding practices in general, focus on the quality of the feeding environment, feeding routines and behaviors, and food choices, such as:

- Establishing predictable routines for meals and snacks
- Limiting meal times to 15 to 20 minutes
- Avoiding grazing behaviors with snacks or liquids
- Feeding only in a high chair at the table
- Responding to infants' hunger and satiety cues



Last Updated: June 2017

WIC Works Resource System - wicworks.fns.usda.gov

Typical Daily Portion Sizes *(serving sizes may vary with individual infants)*

Age	Human Milk	Infant Formula	Grain Products	Vegetables	Fruits	Protein-rich Foods
Birth to 6 months	Only human milk (or formula) is needed for the first 6 months					
6 to 8 months Start complementary foods when developmentally ready, about 6 months Start with ~0.5 - 1 ounces	Breastfeeding infants should continue to be breastfed, on demand. Though formula-fed infants take in ~24 to 32 ounces, provide an amount based on an individual nutrition assessment. Infants' intake of human milk/formula may decrease as complementary foods increase.	~1 to 2 ounces Iron-fortified infant cereals, bread, small pieces of crackers	~2 to 4 ounces Cooked, plain strained/pureed/mashed*	~2 to 4 ounces Plain strained/pureed/mashed*	~1 to 2 ounces Plain strained/pureed/mashed meat, poultry, fish, eggs, cheese, yogurt, or mashed legumes	
8 to 12 months	Provide guidance and encouragement to breastfeeding mothers and continue to support those mothers who choose to breastfeed beyond 12 months. Formula-fed infants take in ~24 ounces, but provide an amount based on an individual nutrition assessment.	~2 to 4 ounces Iron-fortified infant cereals Other grains: baby crackers, bread, noodles, corn grits, soft tortilla pieces	~4 to 6 ounces Cooked, finely chopped/diced*	~4 to 6 ounces Finely chopped/diced*	~2 to 4 ounces Ground/finely chopped/diced meat, poultry, fish, eggs, cheese, yogurt or mashed legumes	

* Infants under 12 months of age should not consume juice unless clinically indicated. After 12 months, encourage fruit over fruit juice; any juice consumed should be as part of a meal or snack and from an open cup (i.e., not bottles or easily transportable covered cups).

Foods to Avoid

Soda, gelatin, coffee, tea or fruit punches and "ade" drinks 	Milk until 12 months 	Added salt 	Added oil, butter, other fats, seasoning 	Added sugar, syrups, other sweeteners 	Fried foods, gravies, sauces, processed meats 
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Important Notes to Remember

- Babies weaned from human milk before 12 months should receive iron-fortified formula.
- Wean entirely off the bottle and onto a cup at 12 to 14 months.
- Keep bottles out of bedtime and nap routines to avoid exposing infants' teeth to sugars and reduce the risk for ear infections and choking.
- Check carefully for bones in commercially or home-prepared meals containing meat, fish, or poultry.
- Remove seeds, skin, and pits from fruits. For additional choking prevention information, refer to the *Infant Feeding: Tips for Food Safety* job aid.

Last Updated: June 2017

WIC Works Resource System - wicworks.fns.usda.gov

https://wicworks.fns.usda.gov/wicworks/WIC_Learning_Online/support/job_aids/guide.pdf

Appendix D

Nutrition Education Materials

The following materials are available from the Pamphlet Library (Frankfort Habilitation, Phone: 502-227-9529, Fax: 502-227-7191) or and may be printed for the KY Nutrition Services website at <http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

MyPlate

- MyPlate – Choose MyPlate
- MyPlate – Eating Healthy for Vegetarians
- MyPlate – Make Half Your Grains Whole
- MyPlate – Protein Foods
- MyPlate – Salt and Sodium
- MyPlate – Snack Tips for Parents (English & Spanish)
- MyPlate – Kid Friendly Veggies and Fruits
- MyPlate – Add more Vegetables
- MyPlate – Focus on Fruits
- MyPlate – Make Better Beverage Choices (English & Spanish)
- MyPlate – Be Food Safe (English & Spanish)

Breastfeeding Materials

- Breastfeeding – Planning Ahead (English & Spanish)
- Breastfeeding – Baby's Best Start (English & Spanish)
- Breastfeeding the Premature Infant
- Getting Started with Breastfeeding (English & Spanish)
- Nutrition During Breastfeeding (English & Spanish)
- Is My Baby Getting Enough (English & Spanish)
- Expressing Your Breast Milk (English & Spanish)
- KY Human Milk Storage Guidelines (English & Spanish)
- Managing Basic Problems (English & Spanish)
- Medications and Breastfeeding (English & Spanish)
- Breastfeeding – Helpful Hints for Nipple Care (English & Spanish)
- Breastfeeding Older Baby (English & Spanish)
- Tips for Breastfeeding Moms (English & Spanish)

Infant

- Infant Feeding Guide Birth to 4 Months (English & Spanish)
- Infant Feeding Guide 4 – 8 Months (English & Spanish)
- Infant Feeding Guide 8 – 12 Months (English & Spanish)
- Kangaroo Care Handout (English & Spanish)
- KY WIC Program Standard Infant Formula Guidelines (English & Spanish)
- USDA Infant Feeding Guide
- Weaning from the Bottle
- What if My Baby's Formula Needs to be Changed (English & Spanish)

Children

- 1 – 3 Year Toddler Feeding Guide (English & Spanish)
- 3 – 5 Year Toddler Feeding Guide (English & Spanish)
- 5 – 2 – 1 – 0 Brochure (English & Spanish)
- Healthy Eating for Preschoolers (English & Spanish)
- Healthy Tips for Picky Eaters (English & Spanish)
- How to Care for Your Child's Teeth (English & Spanish)

Pregnancy and Post-Partum Nutrition

- First Trimester Prenatal Guide (English & Spanish)
- Second Trimester Prenatal Guide (English & Spanish)
- Third Trimester Prenatal Guide (English & Spanish)
- Tips for Pregnant Moms (English & Spanish)
- Post-partum Nutrition

Vitamins and Minerals

- Folic Acid and Calcium (English & Spanish)
- Iron for Strong Blood Cells (English & Spanish)
- Vitamins A and C (English & Spanish)

Other Nutrition Education Materials

- Beans Handout (English & Spanish)
- Food Safety (English & Spanish)
- Healthy Choices for You and Your Family
- Lead Prevention Diet (English & Spanish)
- Safe Sleep Environment (English & Spanish)
- Smoking – Alcohol – Drugs (English & Spanish)
- Whole Grain Handout

Links to Above Handouts:

KY WIC Nutrition Education Materials

- <http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

Appendix E

Essential Staff Competency for WIC Nutrition Assessment

The six competency areas for WIC Nutrition Assessment include:

1. Principles of Life-Cycle Nutrition
2. Nutrition Assessment Process
3. Anthropometric and Hematological Data Collection Techniques
4. Communication
5. Multicultural Awareness
6. Critical Thinking

Source: USDA's VENA, A Guide to the Art and Science of WIC Nutrition Assessment.

https://wicworks.fns.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf

1. Life Cycle Nutrition Competency:

1. Principles of Life-Cycle Nutrition

Competency Statement: Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood.

Knowledge Required	Performance Expected
Nutrition requirements and dietary recommendations for women, infants, child and children served by WIC.	Analyzes health and nutrition histories based on lifecycle stage. Evaluates the impact of the parent/feeding dynamics on nutritional status, growth and development.
Federal nutrition policy guidance and its implications for women, infants and children served by WIC (e.g., Dietary Guidelines for Americans, MyPyramid).	Interprets and compares dietary practices of WIC participants to federal policy guidance. Differentiates between safe and inappropriate food and nutrition practices.
Relevant evidence-based recommendations published by the American Academy of Pediatrics, the American Dietetic Association, the American College of Obstetrics and Gynecology, and the International Lactation Consultant Association.	Analyzes and compares dietary practices to evidence-based recommendations. Assesses potential barriers to breastfeeding. Recognizes health and lifestyle contraindications to breastfeeding.
The basic physiology of lactation and evidence-based techniques for lactation management.	Applies knowledge of physiology in the assessment of breastfeeding problems. Completes breastfeeding assessments at critical points in the early postpartum period according to State agency policies. Analyzes breastfeeding problems using evidence-based information as the standard. Evaluates the impact of early formula supplementation and mother/infant separation on milk supply and the mother's breastfeeding intention.

2. Nutrition Assessment Process

2. Nutrition Assessment Process

Competency Statement: Understands the WIC nutrition assessment process including risk assignment and documentation.

Knowledge Required	Performance Expected
Purpose of nutrition assessment in the WIC Program and how to collect information.	<p>Uses nutrition assessment information to determine eligibility, tailor food packages, provide appropriate nutrition education, and make appropriate referrals.</p> <p>Provides individualized nutrition assessment for WIC applicants.</p> <p>Uses assessment techniques that consider the varied needs of age-specific populations.</p> <p>Obtains timely and relevant assessment data including anthropometric, biochemical, clinical, dietary, family and social environment information.</p> <p>Uses standardized data collection tools or procedures according to State agency policies.</p>
WIC nutrition risk criteria.	<p>Applies risk definitions correctly and uses appropriate cut-off values when assigning nutrition risks.</p> <p>Evaluates the need for documentation of diagnosis vs. self-report of medical conditions according to State agency policies.</p>
Importance of documenting nutrition assessment results.	<p>Completes tools and forms for documenting nutrition risk according to State agency policies.</p> <p>Maintains appropriate documentation of contacts with participants according to State agency policies.</p> <p>Uses accepted documentation form for nutrition care plans according to State agency policies.</p>

3. Anthropometric and hematological data collection techniques

3. Anthropometric and Hematological Data Collection Techniques

Competency Statement: Understands the importance of using appropriate measurement techniques to collect anthropometric and hematological data.

Knowledge Required	Performance Expected
Relevance of anthropometric data to health and nutrition status.	Demonstrates appropriate anthropometric measurement techniques. Reads, records, and plots measurements accurately. Interprets growth data and prenatal weight gain correctly.
Relationship of hematological parameters to health and nutrition status.	Demonstrates appropriate techniques for performing a hemoglobin or hematocrit assessment according to State agency policies. Evaluates blood work results according to State agency policy (e.g., adjusts for smoking and elevation, etc.).

4. Communication

4. Communication

Competency Statement: Knows how to develop rapport and foster open communication with participants and caretakers.

Knowledge Required	Performance Expected
The principles of effective communication for collecting nutrition assessment information.	Uses appropriate techniques to establish a relationship and begin a conversation. Practices active listening and observation skills. Collects information without interrupting or correcting the applicant. Checks for understanding by paraphrasing or reflecting what was heard. Compares client's verbal responses to non-verbal behaviors to assess client's attitude and feelings. Uses an effective balance of open-ended and closed-ended questions. Completes nutrition assessment tasks before providing nutrition counseling. Selects self-administered data collection tools that are appropriate for the target population (i.e., language, reading level, length, format) according to State agency policy. Assesses real and perceived barriers to breastfeeding.
USDA and State agency policies about participant confidentiality.	Obtains release of information according to State agency policy before sharing any participant data. Protects participants' confidentiality in conversations with coworkers and other participants.

5. Multicultural awareness

5. Multicultural Awareness

Competency Statement: Understands how sociocultural issues (race, ethnicity, religion, group affiliation, socioeconomic status, and world view) affect nutrition and health practices and nutrition-related health problems.

Knowledge Required	Performance Expected
Cultural groups in the target population including their families and communities, values and beliefs, characteristics, and resources.	Respects different belief systems about issues such as bloodwork, immunizations, dietary supplements, alternative medicine, and traditional healers. Evaluates cultural practices for their potential to harm the client's health or nutritional status.
Cultural eating patterns and family traditions such as core foods, traditional celebrations, and fasting.	Includes core foods and recognizes their nutrient contributions in any assessment of eating patterns. Evaluates food selection and preparation within a cultural context.
Differences in communication styles between groups and how these differences may impact the assessment process.	Uses culturally appropriate communication styles to collect nutrition assessment information. Uses interpretation and/or translation services appropriately to collect nutrition assessment information from clients with limited English proficiency. Uses culturally appropriate strategies to assess breastfeeding practices and beliefs.

6. Critical Thinking

Competency Statement: Knows how to synthesize and analyze data to draw appropriate conclusions.

Knowledge Required	Performance Expected
Principles of critical thinking.	<p>Collects all information before drawing conclusions and deciding upon the best course of action.</p> <p>Asks additional questions to clarify information or gather more details.</p> <p>Recognizes factors that contribute to the identified nutrition problem(s).</p> <p>Recognizes superfluous information and disregards it.</p> <p>Considers the applicant's point of view about nutrition and health priorities, needs and concerns.</p> <p>Identifies relationships between behaviors/practices and nutritional risk.</p> <p>Checks the accuracy of inconsistent or unusual measurements and referral data according to State agency policy.</p> <p>Identifies factors that influence the accuracy of anthropometric or biochemical measurements (e.g., uncooperative child, hydration status, faulty equipment) and documents them. Takes appropriate actions according to State agency policy (e.g., rechecks measurements, documents factors that interfere with measurements).</p> <p>Draws conclusions about nutritional status supported by objective data, observations, experience, and reasoning.</p> <p>Prioritizes nutrition problems to be addressed.</p>

Appendix F Infant Weight Loss Chart

Birth Weight Loss Charts

Infant 7% Birth Weight Loss Chart (LB-OZ)

Birth Wt.	7% Loss	Birth Wt.	7% Loss	Birth Wt.	7% Loss	Birth Wt.	7% Loss	Birth Wt.	7% Loss	Birth Wt.	7% Loss
5-0	4-11	6-0	5-10	7-0	6-9	8-0	7-7	9-0	8-6	10-0	9-5
5-1	4-12	6-1	5-11	7-1	6-10	8-1	7-8	9-1	8-7	10-1	9-6
5-2	4-13	6-2	5-12	7-2	6-10	8-2	7-9	9-2	8-8	10-2	9-7
5-3	4-14	6-3	5-13	7-3	6-11	8-3	7-10	9-3	8-9	10-3	9-8
5-4	4-15	6-4	5-13	7-4	6-12	8-4	7-11	9-4	8-10	10-4	9-9
5-5	5-0	6-5	5-14	7-5	6-13	8-5	7-12	9-5	8-11	10-5	9-10
5-6	5-0	6-6	5-15	7-6	6-14	8-6	7-13	9-6	8-12	10-6	9-11
5-7	5-1	6-7	6-0	7-7	6-15	8-7	7-14	9-7	8-13	10-7	9-12
5-8	5-2	6-8	6-1	7-8	7-0	8-8	7-15	9-8	8-14	10-8	9-13
5-9	5-3	6-9	6-2	7-9	7-1	8-9	8-0	9-9	8-15	10-9	9-13
5-10	5-4	6-10	6-3	7-10	7-2	8-10	8-1	9-10	9-0	10-10	9-14
5-11	5-5	6-11	6-4	7-11	7-3	8-11	8-2	9-11	9-1	10-11	9-15
5-12	5-6	6-12	6-5	7-12	7-4	8-12	8-3	9-12	9-2	10-12	10-0
5-13	5-7	6-13	6-6	7-13	7-5	8-13	8-4	9-13	9-2	10-13	10-1
5-14	5-8	6-14	6-7	7-14	7-6	8-14	8-4	9-14	9-3	10-14	10-2
5-15	5-9	6-15	6-8	7-15	7-7	8-15	8-5	9-15	9-4	10-15	10-3

Infant 10% Birth Weight Loss Chart (LB-OZ)

Birth Wt.	10% loss	Birth Wt.	10% loss	Birth Wt.	10% loss	Birth Wt.	10% loss	Birth Wt.	10% loss	Birth Wt.	10% loss
5-0	4-8	6-0	5-6	7-0	6-5	8-0	7-3	9-0	8-2	10-0	9-0
5-1	4-9	6-1	5-7	7-1	6-6	8-1	7-4	9-1	8-2	10-1	9-1
5-2	4-10	6-2	5-8	7-2	6-7	8-2	7-5	9-2	8-3	10-2	9-2
5-3	4-11	6-3	5-9	7-3	6-7	8-3	7-6	9-3	8-5	10-3	9-3
5-4	4-12	6-4	5-10	7-4	6-8	8-4	7-7	9-4	8-6	10-4	9-4
5-5	4-13	6-5	5-11	7-5	6-9	8-5	7-8	9-5	8-7	10-5	9-5
5-6	4-13	6-6	5-12	7-6	6-10	8-6	7-9	9-6	8-7	10-6	9-5
5-7	4-14	6-7	5-13	7-7	6-11	8-7	7-9	9-7	8-8	10-7	9-6
5-8	4-15	6-8	5-14	7-8	6-12	8-8	7-10	9-8	8-9	10-8	9-7
5-9	5-0	6-9	5-15	7-9	6-13	8-9	7-11	9-9	8-10	10-9	9-8
5-10	5-1	6-10	5-15	7-10	6-14	8-10	7-12	9-10	8-11	10-10	9-9
5-11	5-2	6-11	6-0	7-11	6-15	8-11	7-13	9-11	8-12	10-11	9-10
5-12	5-3	6-12	6-1	7-12	7-0	8-12	7-14	9-12	8-12	10-12	9-11
5-13	5-4	6-13	6-2	7-13	7-0	8-13	7-15	9-13	8-13	10-13	9-12
5-14	5-5	6-14	6-3	7-14	7-1	8-14	8-0	9-14	8-14	10-14	9-12
5-15	5-5	6-15	6-4	7-15	7-2	8-15	8-1	9-15	8-15	10-15	9-13

This institution is an equal opportunity provider.

Developed 10/17



Appendix G

Clinic Environment and Customer Service

USDA FNS WIC Nutrition Service Standards (NSS) for Clinic Environment & Customer Service

- Agencies ensure that WIC operations provide participant-centered services in an environment that communicates respect and is conducive to participants achieving positive health outcomes.
- The context of overall clinic considerations plays a large role in providing quality nutrition services.
- Providing nutrition services in an environment that promotes the health and well-being of participants and in ways that are appealing, accommodating, respectful, and relevant to their individual needs facilitates not only in assisting participants to achieve positive health outcomes but also in retaining participants in the Program.

NSS & Clinic Environment

1. Ensure that outside **signage** makes it easy to locate the WIC clinic.
2. Ensure that all areas where staff obtains participants' information and anthropometric data maximize **privacy** to prevent others from overhearing conversations, viewing documents or viewing information on computer screens.
3. Provide a clean, comfortable, **inviting and child-friendly** reception/waiting area.
4. To the extent possible, **arrange areas for nutrition and health assessment counseling in a way that allows participants and staff to sit face-to-face without physical barriers** (i.e., knee-to-knee).
 - *Be sure to make eye contact with participant, and have open dialogue- avoid completing certification by strictly going through the WIC Wizard in the CMS system, focusing on the Computer Screen.*
5. Ensure all areas are clean, well-maintained and child safe (e.g., play areas are secure and equipped with age-appropriate, safe, equipment/toys; medical supplies are out of the reach of children).
6. Maintain equipment in good working order and check calibration on a routine basis.
7. Clearly identify biohazard containers for medical waste and keep them out of reach of children.
8. As appropriate, work with property management to have restrooms that are clean and sanitary, accessible to people with disabilities, and include a diaper changing area.
9. Provide a non-smoking environment.
10. **Ensure that all staff treat participants and their colleagues with respect and provide services in a respectful manner.**
11. **Favor positive over negative signage (e.g. enjoy your conversation out of the clinic area, or enjoy your food and drink outside).**
12. If used, display posters convey **positive messages and images, are culturally diverse**, and are rotated on a routine basis to ensure messages stay fresh and current.
13. **Provides a breastfeeding-supportive environment**